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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 04/29/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 9	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials 060806		

ADDRESS

41838

TITLE

Method and apparatus for ultrasonic continuous, non-invasive blood pressure monitoring

FILING FEE RECEIVED 1680	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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